


UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small>		Attorney Docket No.	65005.002	
		First Inventor	Laha	
		Title	Signaling Transport Over a Bearer Network For Low Latency Services	
		Express Mail Label No.	EV 335506039 US	

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>24</u>] <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>6</u>]</p> <p>5. Oath or Declaration [Total Sheets <u>4</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <small>(for a continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> <small>(if applicable, all necessary)</small></p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p>ACCOMPANYING APPLICATIONS PARTS</p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ / _____</p> <p>Prior application information: Examiner: _____ Art Unit: _____</p> <p><small>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small></p>	
19. CORRESPONDENCE ADDRESS	
<input checked="" type="checkbox"/> Customer Number 036122 OR <input type="checkbox"/> Correspondence address below	
Name _____	
Address _____	
City _____	State _____ Zip Code _____
Country _____	Telephone _____ Fax _____
Name (Print/Type) Brett L. Borsen Registration No. (Attorney/Agent) 46,566	
Signature  Date 10/16/03	

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

22141 U.S. PTO
10/687319
101603



17119 U.S. PTO

101603

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2004		Complete if Known	
		Application Number	applied for
Effective 10/01/2003. Patent fees are subject to annual revision.		Filing Date	herewith
		First Named Inventor	Laha
		Examiner Name	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	
TOTAL AMOUNT OF PAYMENT (\$)		810	Attorney Docket No. 65005.002

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																											
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order		3. ADDITIONAL FEES																																											
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 502622 Deposit Account Name: Duft Setter Ollila & Bomsen LLC																																													
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																													
FEE CALCULATION																																													
1. BASIC FILING FEE																																													
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>2001</td><td>770</td><td>385</td><td>Utility filing fee</td><td>770</td></tr><tr><td>1002</td><td>2002</td><td>340</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>2003</td><td>530</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>2004</td><td>770</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>2005</td><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$ 770)</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	2001	770	385	Utility filing fee	770	1002	2002	340	170	Design filing fee		1003	2003	530	265	Plant filing fee		1004	2004	770	385	Reissue filing fee		1005	2005	160	80	Provisional filing fee		SUBTOTAL (1)					(\$ 770)		
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid																																								
1001	2001	770	385	Utility filing fee	770																																								
1002	2002	340	170	Design filing fee																																									
1003	2003	530	265	Plant filing fee																																									
1004	2004	770	385	Reissue filing fee																																									
1005	2005	160	80	Provisional filing fee																																									
SUBTOTAL (1)					(\$ 770)																																								
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																													
Total Claims: 20 -20 ** = 0 X Fee from below = 0																																													
Independent Claims: 3 -3 ** = 0 X Fee from below = 0																																													
Multiple Dependent: X Fee from below = 0																																													
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202</td><td>2202</td><td>18</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>2201</td><td>86</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>2203</td><td>290</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>2204</td><td>86</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>2205</td><td>18</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>(\$ 0)</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1202	2202	18	9	Claims in excess of 20		1201	2201	86	43	Independent claims in excess of 3		1203	2203	290	145	Multiple dependent claim, if not paid		1204	2204	86	43	** Reissue independent claims over original patent		1205	2205	18	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$ 0)		
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid																																								
1202	2202	18	9	Claims in excess of 20																																									
1201	2201	86	43	Independent claims in excess of 3																																									
1203	2203	290	145	Multiple dependent claim, if not paid																																									
1204	2204	86	43	** Reissue independent claims over original patent																																									
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent																																									
SUBTOTAL (2)					(\$ 0)																																								
*or number previously paid, if greater; For Reissues, see above																																													
		Other fee (specify) _____																																											
		*Reduced by Basic Filing Fee Paid																																											
		SUBTOTAL (3) (\$ 40)																																											

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Brett L. Bomsen	Registration No. (Attorney/Agent)	46,566
Signature		Telephone	(303) 938-9999 ext. 17
		Date	10/16/03

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.